Obsessive Compulsive Disorder: To Control or be Controlled
強迫症: 控制與受控

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THE UNIVERSITY OF HONG KONG
CENTRE OF DEVELOPMENT AND RESOURCES FOR STUDENTS

Outline

- Nature of anxiety
- Symptoms of Obsessive compulsive disorder (OCD)
- Psychological explanations of OCD
- Treatments of OCD
- How can we support students/friends with OCD symptoms

What is anxiety?

A. Emotion

B. Cognition

C. Physiological response

D. Behavior

E. All of the above

What is anxiety?

Emotion

- Anxious
- Worried
- Fearful
- Apprehensive
- On edge
- Uneasy

Cognition

- Sensing threats
- Attention shift
- Worries
- Anticipation of dangers
- Plans

What is anxiety?

Physiological responses

- Accelerated heart rate
- Hyperventilation
- Palpitations
- Muscle tension
- Headache and dizziness
- Nausea and Stomach problems
- Chills or hot flushes

Behaviors

- Carrying out actions to protect oneself
- Avoiding the danger
- Asking for help
- Numbing

What is anxiety?

Physiological responses

- Accelerated heart ra
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Fight or Flight response

Behaviors

- Carrying out actions to protect oneself
- Avoiding the danger
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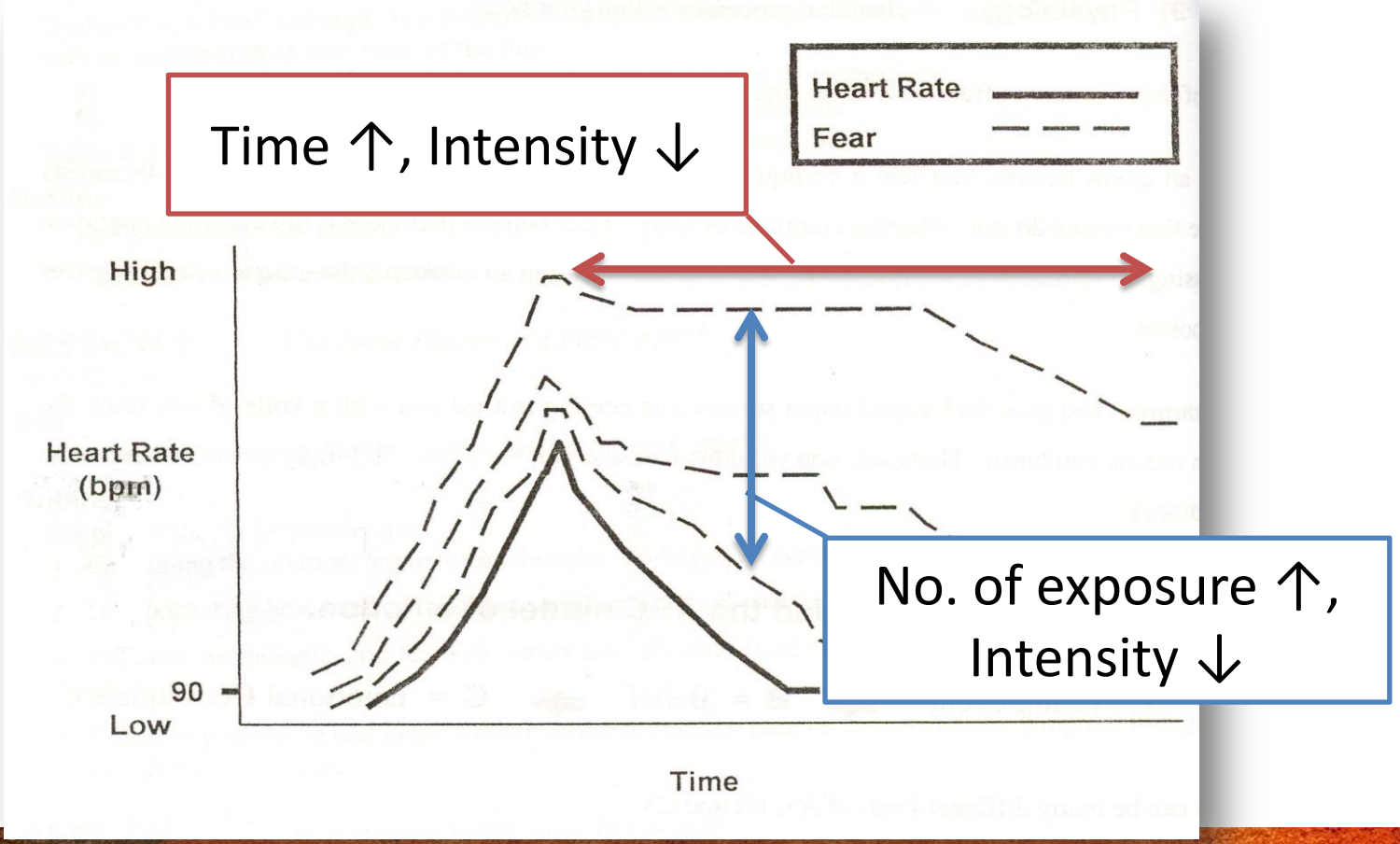
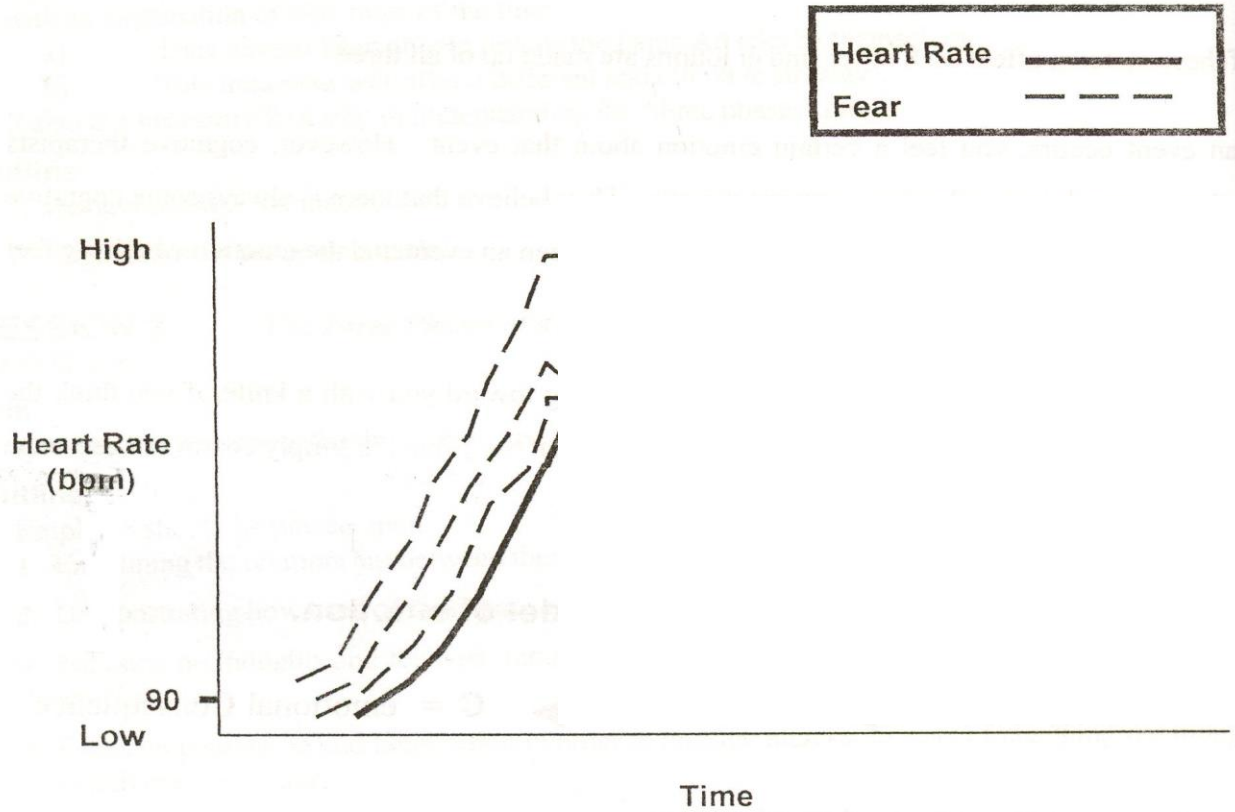
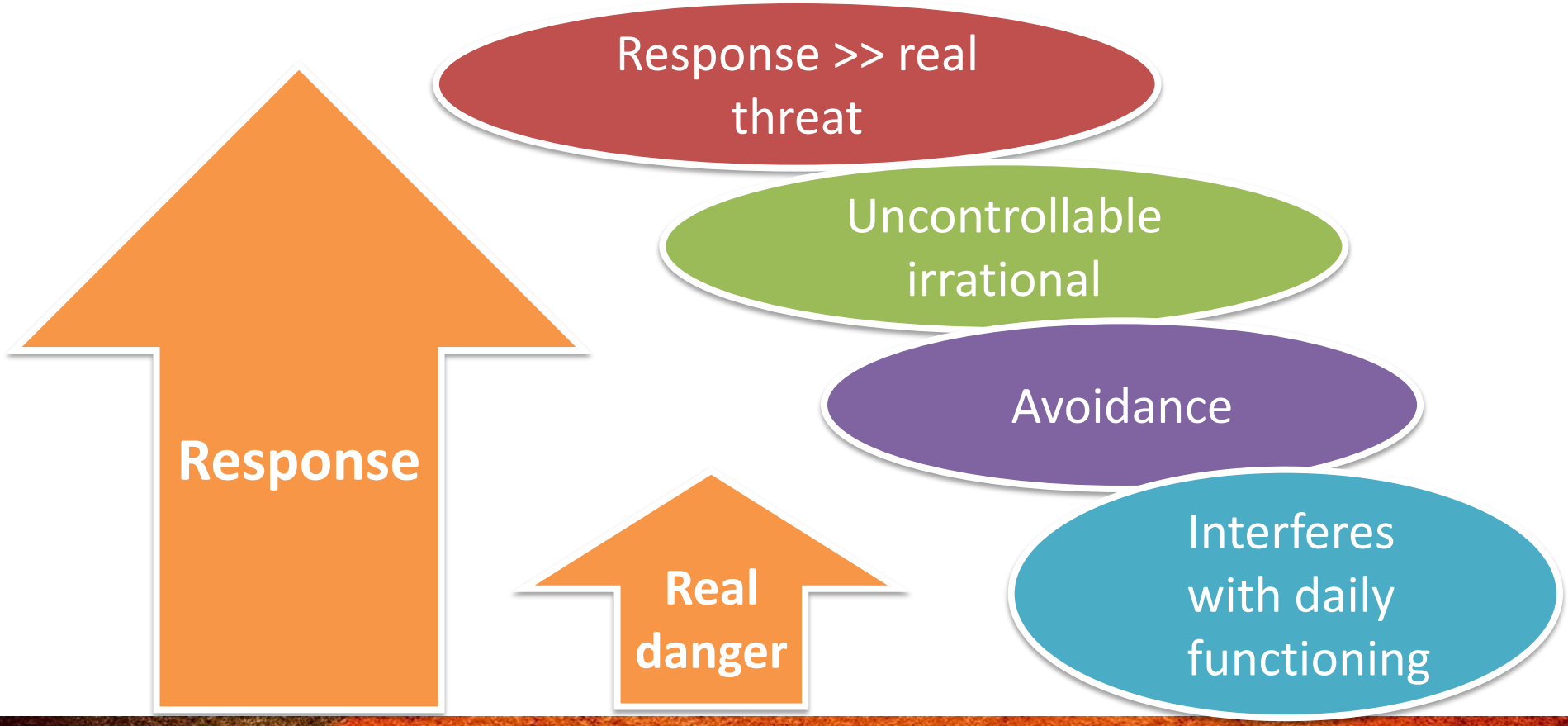
Nature of anxiety



Nature of anxiety

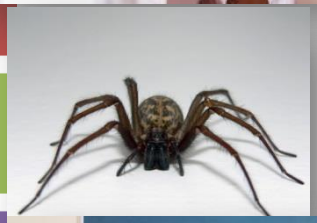


Anxiety disorders



Anxiety disorders

- Panic disorder
- Specific Phobia
- Social Phobia
- Obsessive Compulsive disorder
- Generalized anxiety disorder
- Post traumatic stress disorder



Obsessive compulsive disorder

Recurrent obsessions and/or compulsions

The person recognized the obsessions or compulsions are unreasonable or excessive

The Obsessions or compulsions caused marked distressed, time consuming, significantly interfere the person's daily routine, occupational functioning, or unusual social activities or relationships.

If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it.

The disturbance is not due to the direct physiological effects of a substance or a general medical condition

DSM-IV-TR (APA, 2000)

Obsession and compulsion

Obsession (著迷; 纏繞; 擺脫不了的思想)

- Upsetting thoughts, images, or urges that intrude, unbidden, into the person's stream of consciousness.
- Common examples:
  - Dirt / Contamination
  - Harm / injury to self or others
  - Doubt
  - Need for symmetry / exactness
  - Sexual obsessions
  - Religion
  - Hoarding

Compulsion (強迫; 強制; 強迫性的衝動)

- Repetitive, intentional behaviors or mental acts that the person feels compelled to perform, usually with a desire to resist.
- Common examples
  - Checking
  - Washing
  - Counting
  - Excessive need to ask / confess
  - Excessive need for symmetry and precision
  - Hoarding

Statistics

Lifetime prevalence rate

- 2.3% (Weissman et al., 1994).

12-month prevalence

- 1.0% (Kessler et al.2005)

Onset

- adolescence or early adulthood
- usually with a gradual onset (American Psychiatric Association, 2000).

Female to male ratio

- 2:1 (Hanna, 1995)

Psychological Explanations

Mowrer's (1960) two-factor model of fear

Onset

Anxiety associated with obsession paired with neutral objects.

Persistence / Maintenance

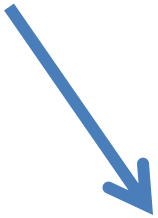
Avoidance of the objects reinforced the behaviors and prevent habitation.

Psychological Explanations

Stimulus A

Anxiety

Stimulus B



Neutral

Psychological Explanations

Stimulus A + Stimulus B

Anxiety

Psychological Explanations

Stimulus A

↘

Anxiety

Stimulus B

↘

Anxiety

Psychological Explanations

Stimulus A → Anxiety

Stimulus B → Anxiety

~~Stimulus B → Neutral~~

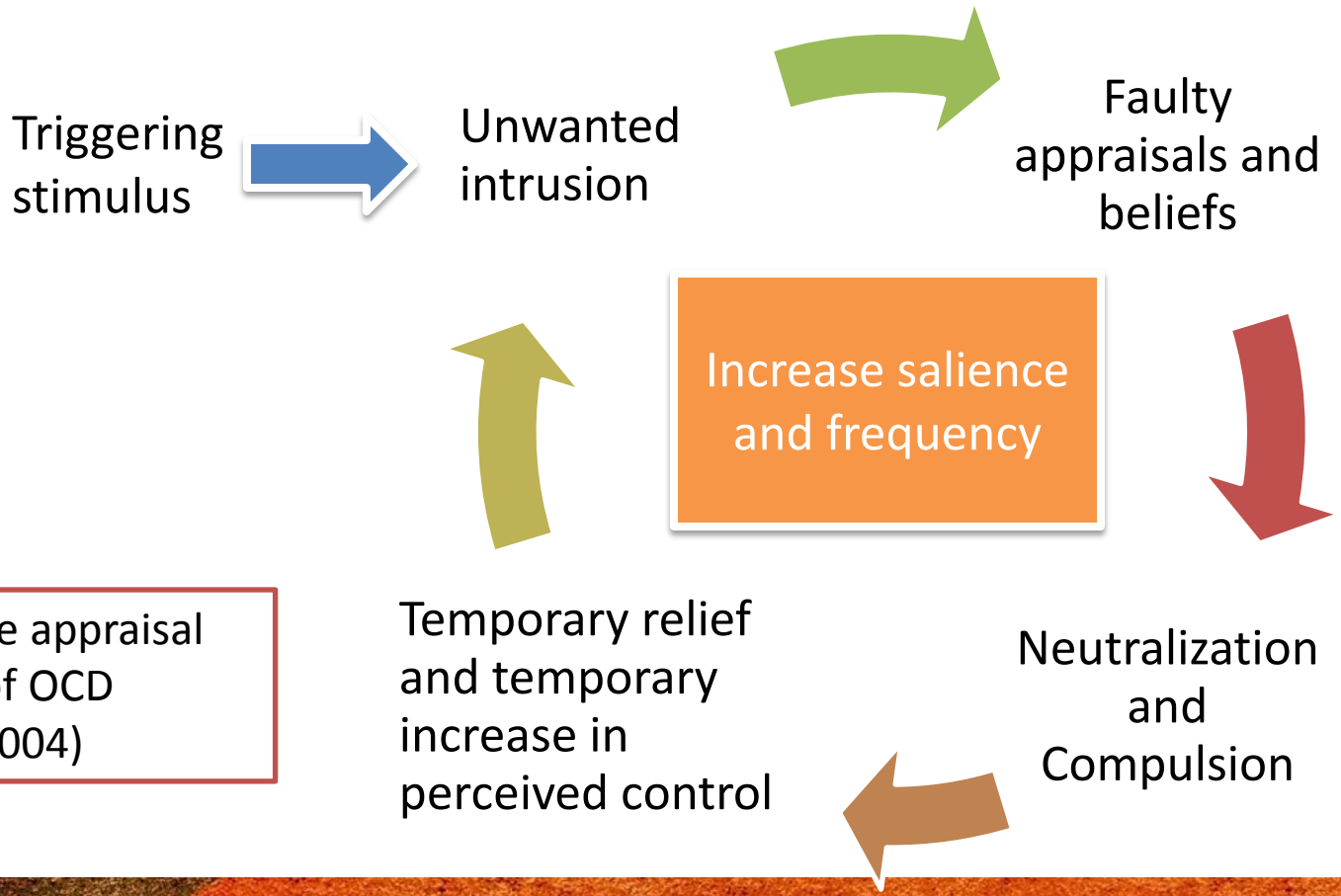
Avoidance maintains anxiety.

Examples

「…一位40幾歲的家庭主婦，在家裡常因看新聞的意外事件憂心自己也會碰上不幸，只要在家裡便會神經質地覺得緊張，檢查瓦斯關了沒？尤其是睡覺前更是來回數次，常因此而影響睡眠…。其他如關窗戶、鎖門等家中安全防護不斷地檢查，較常見發生在家庭的核心人物身上。」

Source:
http://www.sunnymind.tw/main.php?category=15&record_id=122&detail=1

Psychological Explanations



Cognitive appraisal theory of OCD (Clark, 2004)

Faulty Appraisals

Faulty Appraisals

Over-importance of thought

- Thought-action fusion (moral and likelihood)
- "Having a bad thought about an action is the same as performing the action"
- “Hoping someone to die in a car accident will make the person die in a car accident.”
- “This thought (hurting others) reflects my evil nature.”
- “having this thought (cutting myself) means I am likely to lose control over my mind and my behavior.”

Faulty Appraisals

Inflated responsibility

- Pivotal influence was the best predictor of responsibility while severity and probability merely had a weak to moderate correlation with responsibility
- Have the power either cause or prevent bad things from happening
- Experiment:
  - John, a tennis player, would be facing a tough opponent the next day in a decisive match. John knows his opponent is allergic to a food substance.
  - Two conditions: (1) John recommends the food containing the allergen to hurt his opponent's performance, or (2) the opponent himself orders the allergenic food and John says nothing.
  - Omission Bias
- "Failing to prevent harm is the same as having caused the harm in the first place."

Faulty Appraisals

Importance of controlling one's thought

- If (a) thoughts can cause harm and (b) and individual is responsible to prevent harm, then a person needs to control his/her thoughts.
- Ways to control/suppress thoughts
  - Distraction: call positive thoughts and images to mind
  - Social control: get reassurance
  - Worry: worries about other things
  - Punishment: slap oneself, get angry at oneself
  - Reappraisal: try to reinterpret the thought, over- analyzed the thoughts

Faulty Appraisals

Overestimation of threat

- Catastrophizing 災難化
- "If I do not take extra precautions, I am more likely than others to have or cause a serious disaster."
- "If I think about raping someone, I will rape someone one day."
- "If I do not wear mask, I am going to be sick and the illness is probably fatal."

Intolerance of uncertainty

- "I have to wash my hands until I feel right."

Faulty Appraisals

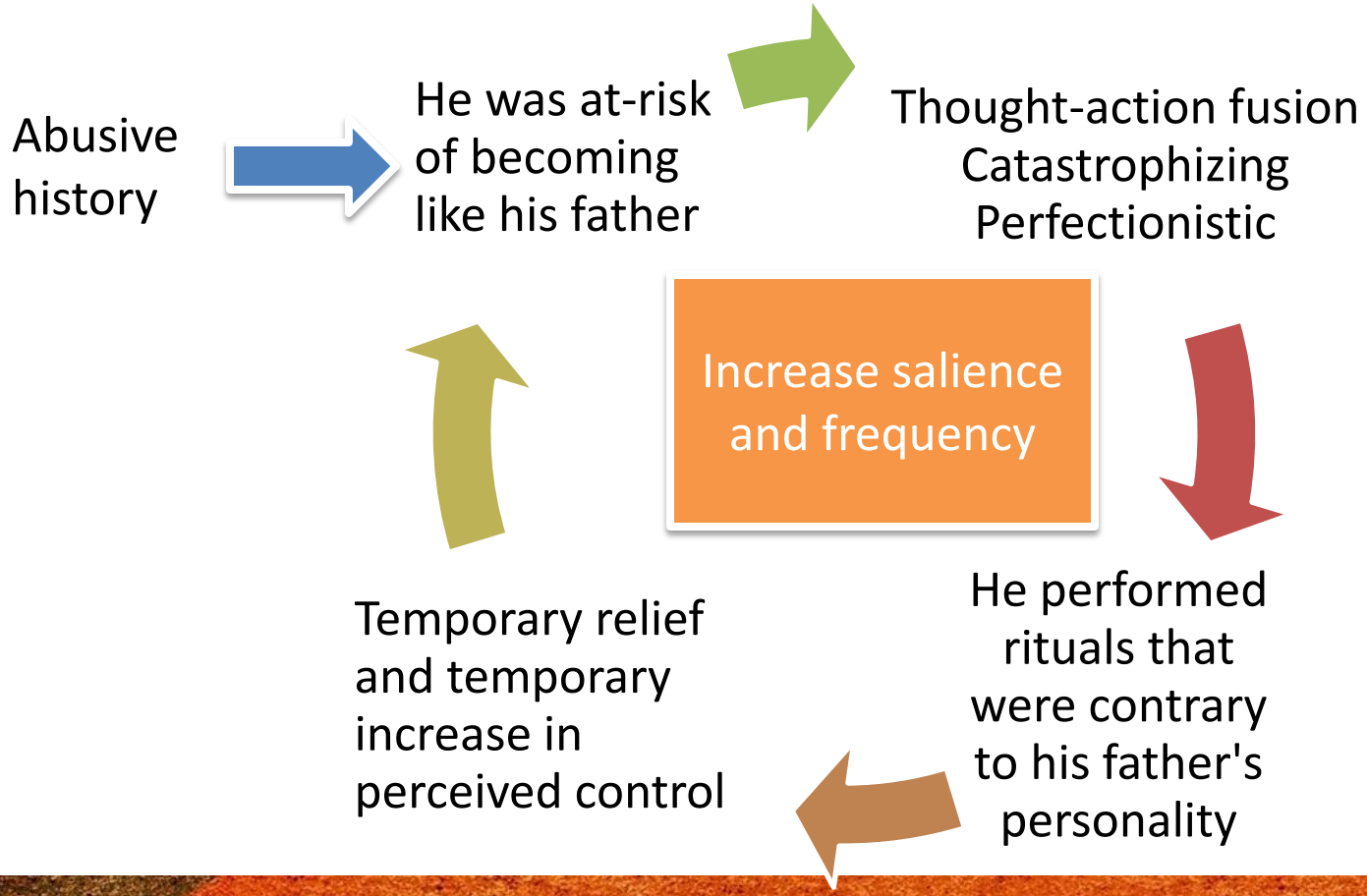
Perfectionism

- Loosely defined
- Related to some of the OCD symptoms (e.g. washing, checking, “not so right” experience, indecisiveness, hoarding, symmetry and exactness etc.)
- Concern over mistakes and doubts about one’s action

Case study (Guay & O'Connor, 2005)

- Mr. C, a 38-year-old male, was diagnosed with severe OCD and moderate generalized anxiety disorder.
- As a child, his father who was an alcoholic abused him psychologically, physically, and sexually. At age 7, during an episode of physical abuse against his mother, he hid in a wardrobe and started counting and singing aloud so he would not hear his mother's screams. He stayed there until the abusive episode was over and this ritual helped him to lower his anxiety.
- At the beginning of his adolescence, he acquired the belief that he was at-risk of becoming like his father and this thought produced very high levels of anxiety.
- He recalled from that day onward how he decided to do everything to protect himself from becoming a violent and abusive person. Consequently, he started to perform rituals that were contrary to his father's personality.
- E.g. he became perfectionistic and excessively organized which he perceived as contrary to his father's disorganized personality.
- He also developed superstitious rituals such as stepping over sidewalk lines and always passing around posts to the right.
- Over time, his compulsions permeated all aspects of his life including work, family, and leisure times, although he managed to stay functional.

Case Study (Guay & O'Connor, 2005)



Intervention and Management

- Psychoeducation about anxiety, OCD, and the appraisal model
- Cognitive restructuring on faulty appraisals and beliefs
- Exposure and response prevention (ERP)
  - (exposure) Come into contact with the anxiety-provoking situation
  - (Response prevention) Stop doing the compulsive behaviors
- Homework exercise
- Relapse prevention
- Medication

Case study

Psychoeducation

- Belief emerged in childhood may have, in the past, served to distance himself from his father.
- But it was now dysfunctional.
- By performing the OCD he was reinforcing the belief that he might become like his father.

Cognitive restructuring

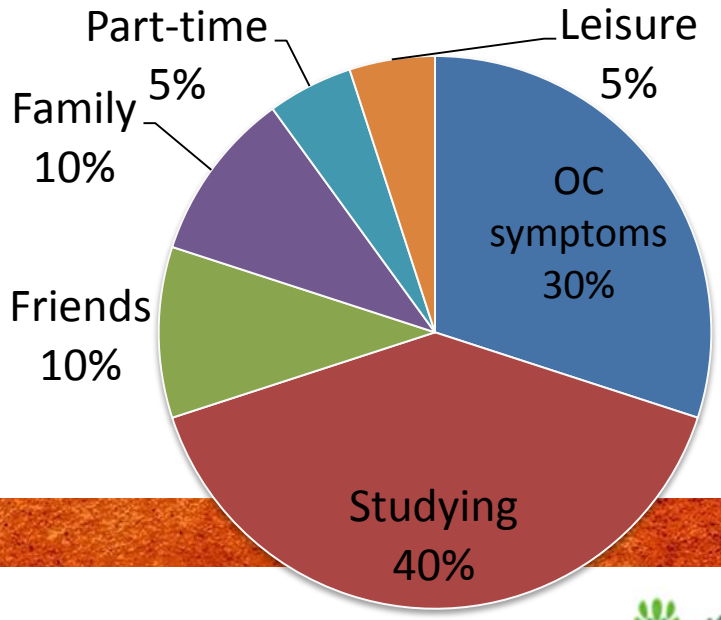
- Examined the likelihood of becoming his father
- Explored his goal and concern. Compared past and current utility of central belief “keeping things under control”.
- Replaced OCD rules with adaptive ways to cope with anxiety.
- Developed new daily routine.

Exposure and response prevention

Sleep with shoes in bed	100
Go to bed without showering	95
Touch several children at daycare then touch things at home	90
Take out the trash then eat dinner	85
Use public restroom and wash only 30 seconds, no towel on door	75
Touch sidewalk, hands flat	70
Touch floor at office, hands flat	60
Touch the floor at home, hands flat	50
Bring in and open the mail	45
Use pens from lobby at office	40
Drink soda from can without wiping it	30

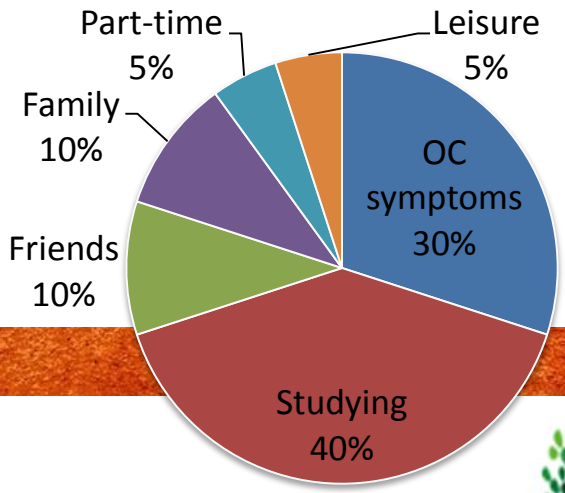
How can we support students/friends with OC symptoms?

- When a person tells you about some of his/her OC symptoms
  - Be supportive, patient and positive.
  - Acknowledge possible emotions related to the OC symptoms (e.g. shame, guilt etc.)
  - Understand the person as a whole. Do not define the person by the symptoms



How can we support students/friends with OC symptoms?

- If the person is willing to seek help,
  - Offer appropriate information
- If the person is <u>not</u> willing to seek help,
  - Explore his/her concerns
  - Offer appropriate information
  - Offer practical support (e.g. going to see the therapist with him/her)
  - Discuss with Counsellor how to encourage the person to seek help
  - Be supportive and respect the person's choice.



Help in Campus

- CEDARS-CoPE
  - Schedule an appointment
    - Tel: 2857 8388
    - Fax: 2517 6394
    - Email: cedars-cope@hku.hk
    - In person
  - Drop-in service
    - Mon-Fri: 2:00pm-5:00pm
  - CoPE@medic
    - Tue: 2:30pm-5:30pm; Wed: 10:30am-1:30pm
    - Walk-in
    - Tel: 2219 4231
    - Email: cedars-cope@hku.hk
- University Health Service (UHS)

Help outside campus

- Get referral from:
  - General practitioner
  - Medical doctor at Hospital Authority
  - Social worker of Social Welfare Department or NGOs
- Private practice
  - Clinical Psychologists
  - Psychiatrists

How can we support students/friends with OC symptoms?

- After the treatment begins,
  - Encourage the person to continue the treatment
  - Encourage the person to comply with the treatment plan
    - Especially ERP
    - Do with them/ modeling
  - Communicate and cooperate with the therapist if necessary.

References

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Q & A

Thanks